

NOB Intake Form

Please circle or fill in blanks as it applies

Name:

Age:

DOB:

LMP:

sure/unsure

Planned pregnancy: yes

no

Using birth control: yes

no

Height:

Pre-pregnancy weight (pounds):

Race:

American Indian or Alaska Native

Asian

Black or African American(Black)

Black or African American(African American)

Native Hawaiian or other Pacific Islander

White

Ethnicity:

Hispanic or Latino

Not Hispanic of Latino

Marital Status:

Married

Separated

Divorced

Single

Widowed

Prenatal Care Clinic:

EACH OB/GYN Clinic

PAFB OB/GYN Clinic

USAFA OB/GYN

EACH Family Practice Clinic

Current Phone Number:

Beneficiary Service:

Beneficiary Status:

Allergy Information:

Type: Food / Drug / MISC

Name:

NKDA

Symptoms:

Type: Food / Drug / MISC

Name:

Symptoms:

Type: Food / Drug / MISC

Name:

Symptoms:

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Pregnancy History:

Date(month/year):

EGA(weeks):

Outcome(vaginal/vacuum/cesarean/forceps):

Birth Weight : pounds: Ounces:

Complications:

Comments:

Date(month/year):

EGA(weeks):

Outcome(vaginal/vacuum/cesarean/forceps):

Birth Weight : pounds: Ounces:

Complications:

Comments:

Date(month/year):

EGA(weeks):

Outcome(vaginal/vacuum/cesarean/forceps):

Birth Weight : pounds: Ounces:

Complications:

Comments:

Date(month/year):

EGA(weeks):

Outcome(vaginal/vacuum/cesarean/forceps):

Birth Weight : pounds: Ounces:

Complications:

Comments:

Date(month/year):

EGA(weeks):

Outcome(vaginal/vacuum/cesarean/forceps):

Birth Weight : pounds: Ounces:

Complications:

Comments:

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Medical/GYN/Psych History:

Problem:

Comments:

Allergy: Allergic Reaction to Insects
Allergy: Eczema
Allergy: Seasonal Allergies
Cardiac: Atrial Fibrillation
Cardiac: Cardiomyopathy
Cardiac: Congenital Heart Disease
Cardiac: Congestive Heart Failure
Cardiac: Coronary Angioplasty
Cardiac: Coronary Angioplasty with stent
Cardiac: Coronary Artery Disease
Cardiac: High Cholesterol
Cardiac: Hypertension
Cardiac: PSVT(paroxysmal Supraventricular tachycardia)
Cardiac: Sudden Cardiac death
Cardiac: Syncope(fainting)
Cardiac: Valvular Disease
Endocrine: Asthma/Reactive Airway Disease
Endocrine: DVT/PE(blood clots in legs or lungs)
Endocrine: COPD
Endocrine: Diabetes
Endocrine: Hyperlipidemia
Endocrine: Hyperthyroid
Endocrine: Hypothyroid
Endocrine: Pulmonary Fibrosis
Environment: Heat Exhaustion/Heat Stroke
GI: Gallstones
GI: Crohns Disease
GI: Diverticulitis
GI: Gastric Reflux(GERD)
GI: Hepatitis
GI: Irritable Bowel Syndrome
GI: Lower GI Bleeding
GI: Pancreatitis
GI: Peptic Ulcer Disease
GI: Ulcerative Colitis
GI: Upper GI Bleeding
HEME: Anemia
HEME: Bleeding Disorder
HEME: DVT/PE(blood clots in legs or lungs)
HEME: Hypertension
HEME: Sickle Cell Disorders
ID: Diverticulitis
ID: Hepatitis
ID: Malaria

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Medical/GYN/Psych History(cont.):

Problem:	Comments:
ID: MRSA	
ID: Pelvic Inflammatory Disease	
ID: Pyelonephritis	
ID: STD/STI	
ID: Tuberculosis	
ID: Urinary Tract Infections	
Nephro: Hypertension	
Nephro: Pyelonephritis	
Nephro: Renal Stones	
Nephro: Sick Cell Disorders	
Nephro: Urinary Tract Infections	
Neuro: Dementia	
Neuro: Epilepsy/Seizure	
Neuro: Headaches or Migraines	
Neuro: Heat exhaustion/heat stroke	
Neuro: CVA(Stroke)	
Neuro: Syncope(fainting)	
Neuro: Transient Ischemic Attack	
Neuro: Traumatic Brain Injury	
OB/GYN: Cerclage (current Pregnancy)	
OB/GYN: Chronic Pelvic Pain	
OB/GYN: Endometriosis	
OB/GYN: Abnormal Pap	
OB/GYN: History of cerclage	
OB/GYN: History of Cervical/Uterine Procedure(LEEP)	
OB/GYN: History of STD/STI	
OB/GYN: Known Uterine Anomaly	
OB/GYN: Pelvic Inflammatory Disease	
ONC: Cancer/Neoplasm/Malignancy:	
Optho: Amblyopia(lazy eye)	
Optho: Cataracts	
Optho: Diabetic Retinopathy	
Optho: Glaucoma	
Optho: Macular Degeneration	
Optho: Strabismus	
Optho: Blindness	
Ortho: Arthritis	
Ortho: Fracture	
Ortho: Joint Dislocation	
Ortho: Low Back Pain	
Ortho: Rheumatoid Arthritis	
Psych: ADHD	
Psych: Depression	
Psych: Mania	
Psych: PTSD	

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Medical/GYN/Psych History(cont.):

Problem:

Psych: Psychotic Disorder
Psych: Substance Abuse
Psych: Traumatic Brain Injury
Pulm: Reactive Airway Disease/Asthma
Pulm: DVT/PE(blood clots in legs or lungs)
Pulm: Congestive Heart Failure
Rheum: Arthritis
Rheum: Fibromyalgia
Rheum: Gout
Rheum: Low Back Pain
Rheum: Rheumatoid Arthritis
Rheum: SLE(Lupus)
Uro: Pyelonephritis
Uro: Renal Stones
Uro: Urinary Tract Infections

Comments:

Surgical History:

Procedure:

Date:

History of Blood Transfusion: No

yes
date
reaction?
Indication

Family History:

Problem:

Allergy: Allergic Reaction to Insects
Allergy: Eczema
Allergy: Seasonal Allergies
Cardiac: Atrial Fibrillation
Cardiac: Cardiomyopathy
Cardiac: Congenital Heart Disease
Cardiac: Congestive Heart Failure
Cardiac: Coronary Angioplasty
Cardiac: Coronary Angioplasty with stent
Cardiac: Coronary Artery Disease
Cardiac: High Cholesterol
Cardiac: Hypertension
Cardiac: PSVT(paroxysmal Supraventricular tachycardia)

Family Member:

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Family History (Cont.):

Problem:

Family Member:

Cardiac: Sudden Cardiac death
Cardiac: Syncope(fainting)
Cardiac: Valvular Disease
Endocrine: Asthma/Reactive Airway Disease
Endocrine: DVT/PE(blood clots in legs or lungs)
Endocrine: COPD
Endocrine: Diabetes
Endocrine: Hyperlipidemia
Endocrine: Hyperthyroid
Endocrine: Hypothyroid
Endocrine: Pulmonary Fibrosis
Environment: Heat Exhaustion/Heat Stroke
GI: Gallstones
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GI: Pancreatitis
GI: Peptic Ulcer Disease
GI: Ulcerative Colitis
GI: Upper GI Bleeding
HEME: Anemia
HEME: Bleeding Disorder
HEME: DVT/PE(blood clots in legs or lungs)
HEME: Hypertension
HEME: Sickle Cell Disorders
ID: Diverticulitis
ID: Hepatitis
ID: Malaria
ID: MRSA
ID: Pelvic Inflammatory Disease
ID: Pyelonephritis
ID: STD/STI
ID: Tuberculosis
ID: Urinary Tract Infections
Nephro: Hypertension
Nephro: Pyelonephritis
Nephro: Renal Stones
Nephro: Sickle Cell Disorders
Nephro: Urinary Tract Infections
Neuro: Dementia
Neuro: Epilepsy/Seizure

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Family History (Cont.):

Problem:	Family Member:
Neuro:	Headaches or Migraines
Neuro:	Heat exhaustion/heat stroke
Neuro:	CVA(Stroke)
Neuro:	Syncope(fainting)
Neuro:	Transient Ischemic Attack
Neuro:	Traumatic Brain Injury
OB/GYN:	Cerclage (current Pregnancy)
OB/GYN:	Chronic Pelvic Pain
OB/GYN:	Endometriosis
OB/GYN:	Abnormal Pap
OB/GYN:	History of cerclage
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Optho:	Strabismus
Optho:	Blindness
Ortho:	Arthritis
Ortho:	Fracture
Ortho:	Joint Dislocation
Ortho:	Low Back Pain
Ortho:	Rheumatoid Arthritis
Psych:	ADHD
Psych:	Depression
Psych:	Mania
Psych:	PTSD
Psych:	Psychotic Disorder
Psych:	Substance Abuse
Psych:	Traumatic Brain Injury
Pulm:	Reactive Airway Disease/Asthma
Pulm:	DVT/PE(blood clots in legs or lungs)
Pulm:	Congestive Heart Failure
Rheum:	Arthritis
Rheum:	Fibromyalgia
Rheum:	Gout
Rheum:	Low Back Pain
Rheum:	Rheumatoid Arthritis
Rheum:	SLE(Lupus)

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Family History (Cont.):

Problem:

Uro: Pyelonephritis
Uro: Renal Stones
Uro: Urinary Tract Infections

Family Member:

Social History:

Family Situation(Homemaker, spouse deployed etc.):

Tobacco Use: NO YES Amount

Alcohol Use: NO YES Amount

Recreational Drug Use: NO YES Amount

Desire to quit any of the above? YES NO

Genetic History:

Condition

Thalassemia
Down Syndrome
Heart or Kidney problems
Spina Bifida/NTD
Cystic Fibrosis
Sickle Cell Disease
Tay-Sachs
Canavan Disease/Familial Dysautonomia
Frequent Miscarriage/Still Birth
Type 1 Diabetes
Birth Defects
Mental Retardation/Autism
Older than 35 at time of birth
Muscular Dystrophy
Hemophilia
Huntington Chorea

Family Member Relation

Desire Genetic Testing or Screening?: YES NO
Desire Cystic Fibrosis Screening? YES NO

Genetic Testing for Cystic Fibrosis Information Sheet & Pre-test

Date _____ Name _____ Age _____

Sponsor's SSAN _____ Phone number _____

Are you pregnant? ☐ Yes ☐ No If yes, is this your first baby? ☐ Yes ☐ No

Last Menstrual Period: _____

What are your parents' ethnic (racial) backgrounds?

- | | | |
|---|---|---|
| <input type="checkbox"/> White non-Hispanic | <input type="checkbox"/> African American | <input type="checkbox"/> Ashkenazi Jewish |
| <input type="checkbox"/> Hispanic | <input type="checkbox"/> Asian | <input type="checkbox"/> other _____ |

Using the above list, what is your partner's ethnic background? _____

Is there anyone in your or your partner's family with cystic fibrosis:

☐ Yes ☐ No If yes, who? _____

Have you ever been tested for cystic fibrosis before?

☐ Yes ☐ No If yes, when and where? _____

Cystic fibrosis is a severe illness which begins in early childhood and causes problems with the digestion and breathing. Testing is available to identify couples who may be at high risk for having a baby with cystic fibrosis. Please take this short quiz to see how much you know about this potential problem for your baby.

1. ☐ True or ☐ False: Cystic fibrosis is an inherited disease.
2. If a person has cystic fibrosis, he or she has inherited two abnormal genes for this condition,
 - ☐ a. 1 from the mother and 1 from the father
 - ☐ b. Both from the mother
 - ☐ c. Both from the father
 - ☐ d. From neither parent
3. ☐ True or ☐ False: You can carry one abnormal gene for cystic fibrosis and not have any health problems from it.
4. In which ethnic group is cystic fibrosis most common?
 - ☐ a. African Americans
 - ☐ b. Asian Americans
 - ☐ c. Hispanic Americans
 - ☐ d. European Caucasians
5. ☐ True or ☐ False: Genetic testing for cystic fibrosis is usually a blood test.
6. ☐ True or ☐ False: Genetic testing for cystic fibrosis can tell 100% that a person does not carry an abnormal gene for the condition.
7. ☐ True or ☐ False: A baby can have cystic fibrosis if only one of its parents is a carrier.
8. ☐ True or ☐ False: If both parents are found to be carriers for cystic fibrosis, they must have a test done on their baby before it's born.
9. ☐ True or ☐ False: A person's ethnic (racial) background can change how likely a genetic test for cystic fibrosis will come back abnormal.

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